

PLACE OF BIRTH.

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

1. County of Navajo
 District of _____
 Town of Clay Springs
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 526
 County Registrar No. _____
 Local Registrar No. 2

2. Full name of child Lee Howell Bryant
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Mar. 24 1926
 Month Day Year

8. FATHER
 Full name Chas. Paul Bryant
 9. Residence (Usual place of abode) Clay Springs
 If non-resident, give place and state. Clay Springs
 10. Color or race White 11. Age at last birthday 33 (Years)

14. MOTHER
 Full maiden name Isabel Lewis
 15. Residence (Usual place of abode) Clay Springs
 If non-resident, give place and state. Clay Springs
 16. Color or race White 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Winslow, Ariz.
 (State or country)
 13. Occupation
 Nature of industry Stock Farmer

18. Birthplace (city or place) Pinedale, Ariz.
 (State or country)
 19. Occupation
 Nature of industry House Wife.

20. Number of children of this mother Six (a) Born alive and now living Six (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:40 P.m. on the date above stated
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. M. Hayward
 Address Snowflake
 (Physician or midwife).

Given name added from a supplemental report _____
 Month, day, year _____ Filed _____, 19 _____
 Registrar _____ Filed _____, 19 _____
 Local Registrar. _____
 County Registrar. _____

323-324-932